Effective October 1, 2003 /6690429													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE OR			OTHER THAN	
TOTAL CLAIMS			20				<u>}</u>	RATE	FEE	7	RATE	FEE	
F	DR		NUMBER FILED		NUME	BER EXTRA		Basic Fe	E 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			W minus 20=		•			X\$ 9=		OR	X\$18=		
_	DEPENDENT C		4 minus 3 =		•			X43=		OR	X86=	86	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2						1	TOTAL		OR	TOTAL	856		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A	9/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total /	16	Minus	-20	<u>) </u>	- /		X\$ 9=	,	OR	X\$18=	1	
AR	Independent FIRST PRESE	NTATION OF M	Minus ULTIPLE DE	PENDENT	CLAIM	- /		X43≈		OR	X86=		
								+145=		OR	+290=		
[] 2 2 (Column 1) (Column 2) (Column 3)							,	TOTAL DDIT. FEE	/	OR	YOTAL ADDIT, FEE		
_	11001	(Column 1)		(Colum		(Column 3)	٠ _			۲.			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOUS PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 15	Minus	-2	9	- 8		X\$ 9=		OR	X\$18=		
	Ind pendent	NTATION OF MI	Minus	CANDENT A	7 4114		\prod	X43=		OR	X88=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145=										OR	+290=		
		•					L	TOTAL		OR ,	TOTAL DOT, FEE		
		(Column 1)		(Cotum	n 2)	(Column 3)							
MENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ST ER ISLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL 'FEE	ſ	RATE	ADDI- TIONAL FEE	
	Total	•	Minus	** .			F	X\$ 9=		OR	X\$18-		
	Independent	•	Minus	****		8	 -	X43=		.	X86=		
١.	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (MIAS		· -	~~~		OR	700a		
* If the entry in column 1 is less than the ntry in column 2, write "0" in column 3.													
	the "Highest Nun the "Highest Nun	nber Previously Pai nber Previously Pai ber Previously Paid	d For IN THIS Id For IN THIS	SPACE IS I	ees than	20, enter "20."		TOTAL Off. FEE In the app			TOTAL DOIT. FEE L mn 1.		

FORM PTO-675 (Rev. 10/03)

10/690,400

Peters and Tradematik Otion, U.S. DEPARTMENT OF COMMERCE

Application or Docket Number